EMERGENCY DATA CARD (DD FORM 93) WORKSHEET

PRINT CLEARLY

(Read Privacy Act Statement at bottom of page before completing form)

NAME :											
First			MI Last								
SSN:	SINGLE		D:	IVORCED			WIDOW	ED		MARRIED	
SPOUSE'S NAME:											
First MI Maiden Name											
SPOUSE'S ADDRESS:											
CHILDREN: (First, middle,			RELATIONSHIP			DOB			ADDRESS, IF		
last if different)							DIFFERENT				
		_									
FATHER'S NAME:											
First: MI Last											
riist.		111		Пазс							
FATHER'S ADDRESS:											
MOTHER'S NAME:											
First:	MI Maiden Name: Last										
MOTHER'S ADDRESS:							l l				
PERSON NOT TO BE NOTIFIED DUE TO ILL HEALTH:											
	DATA REQUIRED BY THE PRIVACY ACT										
AUTHORITY:	Title 10, United States Code, Section 3012										
PRINCIPAL PURPOSE(S):	To attain information for initiation and completion of										
	DD Form 93.										
ROUTINE USES:	a. SSN used for identification purposes.										
	b. To ensure each new soldier has a completed DD Form										
	93.										
	c. To provide information needed for other forms used in inprocessing.										
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DISCLOSURE:	rrovia	Tuđ J	LIII(ormation	15	s VC	ıuntar	У•			